

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

Recvd 2024JUN10PM12:06

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Tracy Scott Drake

Check box if two last names without hyphen.  (Name cannot be changed after qualifying.)

Check box if name includes nickname.  (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of Property Appraiser, \_\_\_\_\_ (District #)  
(Office)

\_\_\_\_\_; I am a qualified elector of Clay County, Florida;  
(Circuit #) (Group or Seat #)

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**Statement of Party**

I swear or affirm that I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do \_\_\_\_\_ NO, I Do Not

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

Tracy Drake (904) 228-6265 tracy\_drake@bellsouth.net  
Signature of Candidate Telephone Number Email Address  
2289 Eagle Harbor Parkway Fleming Island Florida 32003  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Clay

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence

this 28 day of May, 2024.

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_

Alicia Renee Large  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

